MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

60840

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
   COUNTY Talbot — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. — LENGTH OF STAY (in this place) 2 hrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Md. — COUNTY Caroline
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
   STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Celia (Last) Bowers.

4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1953.

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Jan 2 1874

9. AGE last birthday: 79 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas H. Burkarty

14. MOTHER'S MAIDEN NAME: Anna E. Whittington (Upgates)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mary B. Duke Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Calcific aortic stenosis

DUE TO (c)

Interval Between Onset And Death

421.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1 1953, to Jan 11 1953, that I last saw the deceased alive on Jan 11 1953, and that death occurred at 5:40 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sub E. Timmons MD Preston Md 1/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/15/53 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Balto. (State) Md

DATE REC'D BY LOCAL REGISTRAR 1/11/53 — REGISTRAR'S SIGNATURE N.A. Norris

24. FUNERAL DIRECTOR S.M. Hollis — ADDRESS Preston

RECEIVED
JAN 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00841

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 629 Goldsboro Street

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) S. (Last) Bozman

4. DATE OF DEATH: (Month) 1 (Day) 6 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 14, 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: House painter

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Thomas Bozman

14. MOTHER'S MAIDEN NAME: Harriett Shores

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Mrs. Fannie Bozman (wife) same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

421.1

Immediate cause (a) Cardiac failure
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Aortic calcific stenosis
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8:20 am from the causes and on the date stated above.

SIGNATURE Pathologist O.C.H. Schmidt (Degree or title) M.D. ADDRESS Memorial Hospital Canton, DATE SIGNED 6 Jan, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1/8/53

NAME OF CEMETERY OR CREMATORY Spring Hill

LOCATION (City, town, or county) Canton, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1/7/53

REGISTRAR'S SIGNATURE N.H. Neerius

24. FUNERAL DIRECTOR R Ellis Clarke ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00842

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Easton
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tilghman, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Patti (Middle) lynn (Last) Henge

4. DATE OF DEATH: (Month) January (Day) 24 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: Aug. 22, 1952

9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR: Months 5 Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Harmond Henge

14. MOTHER'S MAIDEN NAME: Dorothea Phillips

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Harmond Henge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Primary Atypical Pneumonia DUE TO — Interval Between Onset And Death: 7 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

492

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21, 1953 to 1/24, 1953, that I last saw the deceased alive on 1/24, 1953, and that death occurred at 12 45 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Easton 1/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1/26/53 | NAME OF CEMETERY OR CREMATORY Tilghman Cemetery | LOCATION (City, town, or county) (State) Tilghman Md

DATE REC'D BY LOCAL REGISTRAR 1/26/53 | REGISTRAR'S SIGNATURE N.H. Neires | 24. FUNERAL DIRECTOR S. Hamilton Harrison | ADDRESS St. Michaels Md

2082233406

VS. A15

RECEIVED
FEB 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00843

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 13 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) May (Middle) (Last) Green

4. DATE OF DEATH: (Month) 1 (Day) 8 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 3, 1882

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Henry Clay Tunis

14. MOTHER'S MAIDEN NAME: Viola White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Mrs. Charles Walls - 11 Holland Ave - Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

260X

Immediate cause (a) Diabetic Acidosis — 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes mellitus — Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1953, to 1-8, 1953, that I last saw the deceased alive on 1-8, 1953, and that death occurred at 10:40 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Donald S. Beasley M.D. — ADDRESS 9 N. Hanson St. Easton, Md — DATE SIGNED 1-8-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/10/53 — NAME OF CEMETERY OR CREMATORY Olivet — LOCATION (City, town, or county) (State) St. Michaels Md

DATE REC'D BY LOCAL REGISTRAR 1/9/53 — REGISTRAR'S SIGNATURE M.H. Nevins

24. FUNERAL DIRECTOR Norman V. Marshall — ADDRESS St Michaels Md

VS. A15

RECEIVED
JAN 14 1953
BUREAU V. S.

Film G150, Item #9
1/16/53 mnb

00844

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND — Memorial Hospital Easton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford, Maryland.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Maude (Middle) (Last) Hemming

4. DATE OF DEATH (Month) Jan. (Day) 2 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH

9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr. Thomas L. Trice

14. MOTHER'S MAIDEN NAME Elma Gordy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Mr. Thomas L. Trice, Jr., (Brother) Preston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153+

Immediate cause (a) Acute Peritonitis — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rupture of Colon — 3 days

(c) Adenocarcinoma of Colon

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Pathologist, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE C. H. Schmidt, M.D. (Degree or title) Memorial Hospital ADDRESS Easton, Md. DATE SIGNED 5 Jan 1953

23. BURIAL, CREMATION REMOVAL (Specify) Cremation — DATE THEREOF 1/3/53 — NAME OF CEMETERY OR CREMATORY Silver Brook — LOCATION (City, town, or county) Wilmington Del. (State)

DATE REC'D BY LOCAL REG. 1/3/53 — REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR [illegible] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Henneman
4. DATE OF DEATH: (Month) 1 (Day) 18 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 5-28-69
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. Darrough
14. MOTHER'S MAIDEN NAME: Marie Kirby

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Mary A. Koelbl

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Arteriosclerosis, Generalized

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1953 to 1-18-, 1953 that I last saw the deceased alive on 1-18-, 1953 and that death occurred at 11 20 from the causes and on the date stated above.

SIGNATURE P. E. Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 1/18/53
NAME OF CEMETERY OR CREMATORY Balto.
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 1/18/53
REGISTRAR'S SIGNATURE N. H. Neiries
24. FUNERAL DIRECTOR Leonard J. Rusk ADDRESS 5305 Harford Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 10 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, Md
STREET ADDRESS (If rural give location) Rt #2, Box 193

3. NAME OF DECEASED: (Type or Print) (First) Deborah (Middle) R. (Last) Klein

4. DATE OF DEATH: (Month) 1 - (Day) 12 (Year) 1953

5. SEX: F
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 18, 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 7 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Klein
14. MOTHER'S MAIDEN NAME: Irene Nichols.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Charles Klein

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 12 hrs.

49

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10:30 A.M. 1-12, 1953, to 11:05 A.M. 1-12, 1953, that I last saw the deceased alive on 1-12-, 1953, and that death occurred at 11:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Donald F. Bartley M.D.
ADDRESS 9 N. Hanson St., Easton, Md.
DATE SIGNED 1-14-53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 1/14/53
NAME OF CEMETERY OR CREMATORY Concord Cemetery
LOCATION (City, town, or county) (State) Near Federalsburg Md
DATE REC'D BY LOCAL REGISTRAR 1/13/53
REGISTRAR'S SIGNATURE N. H. Norris
24. FUNERAL DIRECTOR J. Harvey Williamson
ADDRESS Federalsburg Md

406225440V

I - MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 241

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1 51

1. PLACE OF DEATH:
COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ST. MICHAELS
MARYLAND
LENGTH OF STAY (in this place) 15 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ST. MICHAELS
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) J. (Last) LANE

4. DATE OF DEATH: (Month) JAN (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: March 15 1882

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: GRAVE DIGGER

11. BIRTHPLACE (State or foreign country): PIKE Ky.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 186-24-4427

17. INFORMANT & ADDRESS: D. Hughes LeCompte, St. Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary thrombosis — Interval between onset and death: a few minutes probably.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) arteriosclerosis. DUE TO When called rigor mortis had set in.

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Grave digging especially in damp Cold Weather.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) St. Michaels (COUNTY) (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? See disease causing death

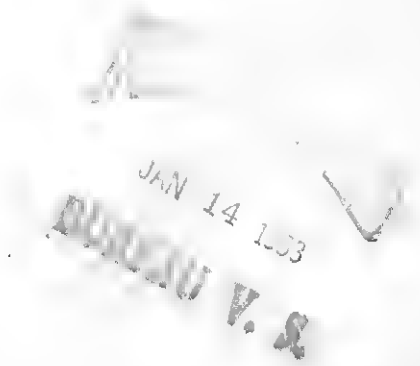
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — S. Denny Willson, M.D. St. Michaels Md — DATE SIGNED Jan 12, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF JAN. 13, 1953 — NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park and — LOCATION (City, town, or county) SALISBURY (State) MARYLAND

DATE REC'D BY LOCAL REG. Jan 13, 53 — REGISTRAR'S SIGNATURE Mrs Robert R Seth

24. FUNERAL DIRECTOR — ADDRESS — J. H. Harrison, St. Michaels. Md


JAN 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Easton. — LENGTH OF STAY (in this place) 20 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Logan.

4. DATE OF DEATH: (Month) Jan (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Jan 8, 1953

9. AGE Last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 1 day — IF UNDER 24 HRS: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Memorial Hospital Easton md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaiah Logan.

14. MOTHER'S MAIDEN NAME: Mamie McNeal

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Isaiah Logan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

764.0 Immediate cause (a) Foetal Anoxia — Interval Between Onset And Death 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Premature separation of placenta — 1 day
DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work [ ] Not While At Work [ ] — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8, 1953, to 1-9, 1953, that I last saw the deceased alive on 1-9, 1953 and that death occurred at 2:00 PM., from the causes and on the date stated above.
SIGNATURE (Degree or title) Edward M.D. — ADDRESS Memorial Hospital — DATE SIGNED 10 January 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/10/53 — NAME OF CEMETERY OR CREMATORY Easton Cemetery — LOCATION (City, Town or County) Easton, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1/9/53 — REGISTRAR'S SIGNATURE N.H. Nevius

24. FUNERAL DIRECTOR Leon W. Henry — ADDRESS Easton Md

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JAN 14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Easton
LENGTH OF STAY (in this place): 20 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Baby (Middle) Boy (Last) Lynch
4. DATE OF DEATH: (Month) Jan (Day) 25 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Jan 24 1953
9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours 20 Min. 40
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Clifton Edward Lynch
14. MOTHER'S MAIDEN NAME: Beatrice Mae Williamson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother · Federalsburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Supra + Sub-Tentorial + Ventricular Hemorrhage — 20 hours
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Anoxia, Prematurity, Rt scapular 40 mins
DUE TO
(c) fracture & prolapsed arm

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24, 1953, to 1-25, 1953, that I last saw the deceased alive on 1-24, 1953, and that death occurred at 2 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title): John S. Bachrach MD
ADDRESS: 24 Dover St Easton Md
DATE SIGNED: 1-25-53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF: 1/26/53
NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
LOCATION (City, town, or county) (State): Federalsburg, Md.

DATE REC'D BY LOCAL REGISTRAR: 1/26/53
REGISTRAR'S SIGNATURE: N. A. Meeris
24. FUNERAL DIRECTOR: Harry Williams
ADDRESS: Federalsburg, Md.

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County TALBOT

City or town TRAPPE
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred: TRAPPE (RESIDENCE)

How long in hospital or institution? NO

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County TALBOT.

City or town TRAPPE.
(If outside city or town limits, write RURAL and give nearest town)

Street No. .....
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME

Margaret Edna Benson Mitchell MITCHELL.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOWED

6.(b) Name of husband or wife John O. Mitchell

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 26, 1875

8. AGE: Years	Months	Days	If less than one day
77			..... hrs. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Mahlon A. Benson
13. Birthplace Anne Arundel County, Maryland

MOTHER
14. Maiden name Mary Elizabeth Hammond
15. Birthplace Anne Arundel County, Maryland

16. Informant Mahlon B. Mitchell
Address 109 Elmhurst Road, Baltimore, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 1 - 9 - 53 (month) (day) (year)

Cemetery or ~~[illegible]~~ Druid Ridge

Location Pikesville, Maryland

16. Funeral director John O. Mitchell & Sons, Inc.
Address 1900 Eutaw Place, Baltimore, Md.

19. Jan 8 1953 (Date rec'd by registrar) A. W. Hedrich M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 6 1953 at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/10 1952 to 1/6 1953 and that I last saw her alive on JANUARY 6 1953

Immediate cause of death MYOCARDIAL FAILURE — DURATION

Due to VALVULAR HEART DISEASE

Due to RHEUMATIC FEVER - Inactive?

Other conditions CHR. COLITIS
PROLAPSUS UTERI
4214 (Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE [signature] M. D. or other

Address CAMBRIDGE MARYLAND Date signed 1/6/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 241

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) P. (Middle) Raymond (Last) Porter

4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH: Dec. 21 1908
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman
10b. KIND OF BUSINESS OR INDUSTRY: Commercial
11. BIRTHPLACE (State or foreign country): Kent Island Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. Wesley Porter
14. MOTHER'S MAIDEN NAME: Gertrude Dobson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 218-12-1473
17. INFORMANT & ADDRESS: Mrs Mary Pratt, 528-E. 30th St. Balto, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Massive Myocardial Infarction	Immediate
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	paroxysmal auricular tachycardia	—
	DUE TO		
	(c)	—	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17, 1952, to 1-21, 1953 that I last saw the deceased alive on 1-23, 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS St Michaels Md DATE SIGNED 1-26-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1/27/53
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) St. Michaels (State) Md.

DATE REC'D BY LOCAL REG. Jan 26, 53
REGISTRAR'S SIGNATURE Mrs Robt. R. Seek
24. FUNERAL DIRECTOR S. Hamilton Harrison, ADDRESS St. Michaels Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 51

JAN 28 1953

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 -51

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) A (Last) Price

4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: Sept. 17, 1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: owned own farm
11. BIRTHPLACE (State or foreign country): Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James E; Price
14. MOTHER'S MAIDEN NAME: Henrietta Leonard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Harvey Forrester, Chester, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Midastonia Ca of Lungs	6 mo
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Original site	?
	DUE TO	
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1949, to 1-12, 1953, that I last saw the deceased alive on 1-11, 1953, and that death occurred at 9 00 p.m., from the causes and on the date stated above.

SIGNATURE M. F. Buell (DEGREE OR TITLE) MD ADDRESS Easton Maryland DATE SIGNED 1-14-53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Jan. 15, 1952
NAME OF CEMETERY OR CREMATORY Landing Neck
LOCATION (City, town, or county) Trappe, Maryland. (State)

DATE REC'D BY LOCAL REG. 1/15/53
REGISTRAR'S SIGNATURE N. H. Newnus
24. FUNERAL DIRECTOR Maurice E. Newnam & Son Easton, MD ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY: East — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (In this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: — COUNTY: East
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location): 110 Glenwood Avenue

3. NAME OF DECEASED (Type or Print): (First) Wanda (Middle) Lee (Last) Simmons
4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 7-18-52
9. AGE last birthday: 0 yrs. — If under 1 year: Months 5 Days 16 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. George Simmons
14. MOTHER'S MAIDEN NAME: Betty Lee Pardoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mr. George Simmons (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aspiration pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Pathologist, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11:10 A.m., from the causes and on the date stated above.

SIGNATURE: C. A. Schmidt M.D. (Degree or title) — ADDRESS: The Memorial Hospital Easton — DATE SIGNED: 5 Jan 1953

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: Jan 6, 1953 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: 1/4/53 — REGISTRAR'S SIGNATURE: N. H. Neerus
24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

2072191404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. (The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN 3 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 42 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (Last) Swift

4. DATE OF DEATH: (Month) 1 (Day) 20 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH:

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Myocardial Infarction — 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) arteriosclerotic Coronary Disease — ?
DUE TO (c) Arteriosclerosis, Generalized — ?

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-18-1953 to 1-20-1953, that I last saw the deceased alive on 1-20-1953, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 1-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 1/22/53 — NAME OF CEMETERY OR CREMATORY Baltimore Md — LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 1/21/53 — REGISTRAR'S SIGNATURE N. H. Norris — 24. FUNERAL DIRECTOR ADDRESS Hoffman Funeral Home 1639 N Broadway - Balto Md

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whittman — LENGTH OF STAY (in this place): 2 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jesterville
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): William Oscar Turner
4. DATE OF DEATH (Month) (Day) (Year): 1 15 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1889
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Preacher
10b. KIND OF BUSINESS OR INDUSTRY: Minster
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel Turner
14. MOTHER'S MAIDEN NAME: Mary Jones,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mary Turner Whittman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage (Paralysis) — INTERVAL BETWEEN ONSET AND DEATH: 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Arteriosclerosis — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Jan 15, 1953, that I last saw the deceased alive on Jan 15, 1953, and that death occurred at Sherwood from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Jan 16 1953 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1-18-53 — NAME OF CEMETERY OR CREMATORY: Crumpton Cem. — LOCATION (City, town, or county) (State): Crumpton, Md.
DATE REC'D BY LOCAL REG.: Jan. 18-53 — REGISTRAR'S SIGNATURE: Mrs Robert R. Seth
24. FUNERAL DIRECTOR: James B. Cashiell — ADDRESS: Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 56

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 8204 New Hamp. Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Roberta (Middle) Marie (Last) Von Bernewitz
4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced
8. DATE OF BIRTH: Nov 17 1910
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY: Alvin Aubrose Inc
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Arthur Mason
14. MOTHER'S MAIDEN NAME: Eva Weems

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mrs. Anna Harrison (sister) Sherwood, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 2 mos.

5/2X Immediate cause (a) uremia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Glomerular Nephritis
DUE TO
(c)

?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12-27, 1952, to 1-7, 1953, that I last saw the deceased alive on 1-7, 1953 and that death occurred at 7 50 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS St. Michaels Md. DATE SIGNED 1-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 10, 1953
NAME OF CEMETERY OR CREMATORY Olivet
LOCATION (City, town, or county) St. Michaels (State) Md

DATE REC'D BY LOCAL REGISTRAR 1/8/53
REGISTRAR'S SIGNATURE N.H. Neeries
24. FUNERAL DIRECTOR S. Hamilton Harrison, ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 18 &21f Film G150 2-4-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Oxford~~ LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) IdA (Middle) MAE (Last) Ward
4. DATE OF DEATH (Month) 1 (Day) 17 (Year) 1953
5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH JAN 11, 09
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Spencer Nixon
14. MOTHER'S MAIDEN NAME Lottie Skinner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unkown
17. INFORMANT AND ADDRESS Mrs Lottie Skinner, Oxford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9.16.0 Immediate cause (a) Carbon Monoxide poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acutealcoholism

322.0 (c) Body partially consumed by fire

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 1 (Day) 17 (Year) 53 (Hour) 8 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis Wheeler, M.D. (Degree or title) D.M.E. ADDRESS Easton, Md DATE SIGNED 1-20-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-20-53
NAME OF CEMETERY OR CREMATORY Odd Fellows
LOCATION (City, town, or county) Oxford (State) Md.

DATE REC'D BY LOCAL REG. 1/19/53
REGISTRAR'S SIGNATURE N.H. Neirius
24. FUNERAL DIRECTOR James B. Bashiell ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton, Md
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Benjamin (Last) Welch
4. DATE OF DEATH (Month) Jan (Day) 5 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-8-69
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mr Jacob Welch
14. MOTHER'S MAIDEN NAME Clementine Camper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ~~Unknown~~ none
17. INFORMANT AND ADDRESS Mr Wm O. Welch.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage - left hemiplegia — INTERVAL BETWEEN ONSET AND DEATH 5 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan, 1953, to 5 Jan, 1953, that I last saw the deceased alive on 5 Jan, 1953, and that death occurred at 10 45 A m., from the causes and on the date stated above.

SIGNATURE Winston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 7 Jan 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/8/53
NAME OF CEMETERY OR CREMATORY Concord
LOCATION (City, town, or county) Concord (State) Md

DATE REC'D BY LOCAL REG. 1/6/53
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0185)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
STREET ADDRESS (If rural give location) 201 Greenridge Rd.

3. NAME OF DECEASED: (Type or Print) (First) Elma (Middle) C (Last) Williams

4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 9 1884

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Florist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Henry M. Cade

14. MOTHER'S MAIDEN NAME: Georgie Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT'S ADDRESS: Mr Frank L. Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

332 Immediate cause (a) Cerebellar softening - due to

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Thrombosis of inferior cerebellar — 3 days
DUE TO (c) arteries

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Jan 1953, to 6 Jan 1953, that I last saw the deceased alive on 6 Jan 1953 and that death occurred at 5:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Mrs Ina Harrison L.D. — Easton Maryland — 7 Jan 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/10/53 — NAME OF CEMETERY OR CREMATORY Hill Crest — LOCATION (City, town, or county) Federalsburg (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1/7/53 — REGISTRAR'S SIGNATURE N. H. Nevins

24. FUNERAL DIRECTOR — ADDRESS
J. J. Frampton & Son, Federalsburg, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 14 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00860

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural give location) rural

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) (Last) Fillimen

4. DATE OF DEATH: (Month) January (Day) 14 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 11-17-69

9. AGE Last birthday: 83 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Caroline Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Smith

14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Theodore Williams - Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Aspiration pneumonia — Interval Between Onset And Death 3-4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage. 7 years hemiplegia

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11, 1953, to 1/14/53, that I last saw the deceased alive on 1/14/53, and that death occurred at 6:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Theodore Williams M.D. — ADDRESS Easton Maryland — DATE SIGNED 1/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 1/17/53 — NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery — LOCATION (City, town, or county) Federalsburg, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1/15/53 — REGISTRAR'S SIGNATURE T.H. Reeves

24. FUNERAL DIRECTOR J. Harbury Williams — ADDRESS Federalsburg, Md.

VS. A15

RECEIVED
JAN 20 1953
BUREAU V. S.